Under the Panerwork Reducti	ion Act of 1995	no nersons are required to	U.S. Paten	t and Trac	demark Office; U.S. I	gh 07/31/2006. OMB 0651-0032 DEPARTMENT OF COMMERCE avs a valid OMB control number	
Effective on 12/08/2004.				Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Nur	Application Number 10/7		/723,881	
FEE TRANSMITTAL			Filing Date			2003	
For FY 2005			First Named Inventor John		John A. Kolb	hn A. Kolb	
_			Examiner Nam				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit				
TOTAL AMOUNT OF PAY	MENT (\$)	200.00	Attorney Docke	$\overline{}$	PROL10001700	00	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 04-0566 Deposit Account Name: DeLio & Peterson, LLC							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization FEE CALCULATION	on PTO-2038.						
1. BASIC FILING, SEAF	RCH, AND I FILING F		RCH FEES	EVA	MINATION FEES	,	
	s	mall Entity	Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$) Fee		Fee		Fees Paid (\$)	
Utility	300	150 500	200	200			
Design	200	100 100	• •	130			
Plant	200	100 300	150	160			
Reissue	300	150 500		600			
Provisional	200	100 0	0	(0		
2. EXCESS CLAIM FEI Fee Description	ES .				Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including R	eissues)			50	25	
Each independent cla			200	100			
Multiple dependent of					360	180	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)						Dependent Claims	
30-26 - 20 or HP = 4 x 50.00 = 200.00 HP = highest number of total claims paid for, if greater than 20.					Fee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Clain	ns <u>Fee (\$)</u> Fo	ee Paid (\$)		-	200.00	
3. APPLICATION SIZE	FEE						
If the specification and	l drawings e						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CPR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof - 100 = /50 = (round up to a whole number) x = =							
4. OTHER FEE(S) Non-English Specifi	cation, \$1	30 fee (no small entit	y discount)			Fees Paid (\$)	
Other (e.g., late filin							

SUBMITTED BY							
Signature	/Peter W. Peterson/	Registration No. (Attorney/Agent) 31,867	Telephone 203-787-0595				
Name (Print/Type)	Peter W. Peterson		Date January 9, 2007				

This collection of information is required by 37 CFR 1.136. The information is required to Obtain or retain a benefit by the public which is to life (and by the USFT to process) an application. Confidentially is governed by 38 USE. CF2 and 37 CFR 1.141. This collection is estimated to take 30 minutes to complete, including gathering preparing, and submitting the completed application form to the USFT O. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form andor suggestions for working this burden, should be sent to the Christ Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.